

TOWNSHIP OF GALLOWAY
COUNTY OF ATLANTIC
300 E. JIMMIE LEEDS ROAD
GALLOWAY, NEW JERSEY 08205

Karen A. Bacon, Clerk
(609) 652-3700 x 237

Date: _____

**APPLICATION FOR MERCANTILE LICENSE
AND FIRE PREVENTION INSPECTION**

Home Phone: _____

Business Phone: _____ E-Mail Address: _____

Name of Owner: _____

Permanent Home Address: _____

Trade Name of Business: _____

Business Address: _____

Description of Business: _____

If Corporation or Partnership, please list Name and Address of Each Person Owning 10% or more:

Name & Address of Corporation Officers & Titles & Registered Agent:

Block # _____ Lot # _____ Location: _____

The undersigned does hereby certify that the statements above given, are true to the best of my knowledge, and that I will comply with all lawful regulations.

Owner, Officer, Representative

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DO NOT WRITE BELOW LINE: FOR TAX COLLECTOR ONLY

Taxes are paid: Yes: _____

No: _____

GALLOWAY TOWNSHIP POLICE DEPARTMENT
COUNTY OF ATLANTIC
300 E. JIMMIE LEEDS ROAD
GALLOWAY, NEW JERSEY 08205

Galloway Township Emergency Information Form

(Please fill in all known Information)

Business Name: _____ Phone: _____ Date: _____

Mailing Address: _____

Business Address: _____

Alarm System (circle):

Alarm Type (circle):

Yes

No

Fire Burglary Robbery Medical

Emergency Contact List
(A minimum of three (3) contacts must be listed)

Name: _____ Address: _____

Home Phone: _____ Pager: _____ Cell: _____

Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Pager: _____ Cell: _____

Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Pager: _____ Cell: _____

Work Phone: _____

This form will be submitted to the Galloway Township Police Department